

The 2024 Summer Day Program

June 24th - August 9th

Full-week and part-week enrollment is available and we accept child care vouchers.

Cost: \$44 per day

Registration fee: \$50

Aftercare: For families that cannot pick up their children by 4:30 p.m. we provide optional extended care until 5:30 p.m. for \$5 per half hour that can be paid weekly as needed.

Discounts:

Full-Week Discount: Register for 5 days/week and receive **free aftercare!**

Sibling Discount: 10% off the total price of all siblings (including registration fee and aftercare fee).

Pre-Payment Discount: For children enrolling for all 7 weeks, 5 days per week, if payment for the entire summer program is made by June 14th, receive \$50 off the total cost!
(This discount is only in effect until we are full. Those on the waiting list cannot qualify for this discount.)

Payment schedule: Registration fee + two-week deposit due upon registering.
(Deposit will be applied to your child's last two weeks in the summer program.)
Payment for weeks 1-3 is due June 21th (or child's first day).
Payment for weeks 4-5 is due July 12th. (Weeks 6 & 7 are covered by the deposit)

Registration deadline: Open until filled.

Summer 2024 Registration Form

Please return to: **Kids' Place, 77 Kennedy Drive, Malden, MA 02148**

Child's Name: _____ Age: _____ Grade in September: _____

Parent/Guardian's Name: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Date your child will begin the program: _____

Please check the weeks you are enrolling your child (for part-week enrollment indicate days):

- Week 1 M T W H F June 24 – 28
- Week 2 M T W X F July 1 – 5 (closed July 4th)
- Week 3 M T W H F July 8 – 12
- Week 4 M T W H F July 15 – 19
- Week 5 M T W H F July 22- 26
- Week 6 M T W H F July 29 – August 2
- Week 7 M T W H F August 5 – 9

Circle T-shirt size:

S(6/8) **M**(10/12) **L**(14/16) **XL**(18/20) **2XL**(22/24)

- I have enclosed my registration fee: \$ _____
- I have enclosed a two-week deposit: \$ _____
(Please make checks payable to FHCC)

Kids' Place
Child's Enrollment/Face Sheet

Child's Name: _____ Date of birth: _____

First Last

Date Child will begin program: _____ Age of child when entering program: _____

Home Address: _____

Street Address

City/Town

State

Zip Code

Home Phone: _____

Description of Child: Child's Height: _____ Weight: _____ Gender: _____

Skin Color: _____ Eye Color: _____ Hair Color: _____

Primary language: _____

Physical limitations: _____

Allergies: _____

School Name and Address: _____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home address if different from above:

Home address if different from above:

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Work Name & Address:

Work Name & Address:

Work Hours: _____

Work Hours: _____

I certify that documentation of physical examination, immunizations, and lead poisoning screening in accordance with public school/public health requirements are on file at my child's school.

Parent/Guardian Signature: _____ Date: _____

Kids' Place
First Aid/Emergency Medical Care Consent Form

Child's Name: _____ Date of birth: _____
First Last

Child's Allergies: _____

Chronic Health Conditions: _____

Medications taken regularly: _____

Emergency Contact Information:

Parent/Guardian Name: _____
 Phone (work): _____ Phone (home): _____ Phone(cell): _____

Parent/Guardian Name: _____
 Phone (work): _____ Phone (home): _____ Phone(cell): _____

In the event that a parent or guardian cannot be reached, please list other emergency contacts:

- 1. Name: _____ Relationship to child: _____
 Phone: _____
 Do you give permission for child to be released to this person? Yes No
- 2. Name: _____ Relationship to child: _____
 Phone: _____
 Do you give permission for child to be released to this person? Yes No
- 3. Name: _____ Relationship to child: _____
 Phone: _____
 Do you give permission for child to be released to this person? Yes No

Child's Physician:

Name: _____
 Address: _____
 Phone: _____

Health Insurance Coverage: _____ Policy #: _____

Authorization:

I authorize the staff of Kids' Place who are trained in the basics of first aid and CPR to administer care to my child when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize Kids' Place staff or emergency personnel/ambulance to transport my child to the nearest medical care facility and to secure necessary medical treatment. I give my consent for the administration of treatment deemed necessary by the appropriate licensed physician or emergency personnel.

Parent/Guardian Signature: _____ Date: _____

**Kids' Place
Transportation Plan and Authorized Release Form**

Child's Name: _____

After School Program:	Full days, Vacation weeks & Summer Day Program:
<p>My child will arrive at the program by:</p> <p><input type="checkbox"/> Kids' Place Van/Bus</p> <p><input type="checkbox"/> Parent drop off</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Transportation provided by school</p> <p><input type="checkbox"/> Other: _____</p> <p>My child will depart from the program by:</p> <p><input type="checkbox"/> Parent pick-up or other authorized adult</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p>	<p>My child will arrive at the program by:</p> <p><input type="checkbox"/> Parent drop off</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p> <p>My child will depart from the program by:</p> <p><input type="checkbox"/> Parent pick-up or other authorized adult</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p>

Any other transportation arrangements must be stated in writing and maintained in the child's file or the above plan will be implemented.

Departing Kids' Place and authorized release:

Kids' Place will **NOT** release your child to any unauthorized people *under any circumstances*. Anyone you are authorizing to pick up your child must be listed on the **First Aid/Emergency Medical Care Consent Form**.

I give permission for my child to be released from the program at the end of the day as stated above and I give my permission to the people listed on the First Aid/Emergency Medical Care Consent Form to receive my child when my child needs to be picked up from Kids' Place or at the end of the day.

Parent/Guardian Signature: _____ Date: _____

**Kids' Place
Parent Agreement Form**

Child's name: _____

(Please initial after reading each item, #8 is optional)

1. I have received a copy of the Parent Handbook; I have read, understood, and agreed to the guidelines stated in it (*available online*). _____
initial

2. I will abide by the agreed upon payment plan. I understand that monthly/weekly fees are the same regardless of the number of days in the week or my child's absences and I understand that unpaid tuition balances will be subject to a \$5 per week late fee. _____
initial

3. I understand that if a scheduled payment is two weeks late, my child will not be allowed to return to the program on the Monday of the third week until the full amount owed is submitted. _____
initial

4. I understand that in the event that I am late in picking up my child, a \$5 fee will be charged at the time of pick-up in accordance to the late pick-up policy. _____
initial

5. I understand that Kids' Place must be given two weeks' notice in writing for any changes in enrollment (number of days per week, etc.) or withdrawal from the program. Without such notice, parents will be responsible for the scheduled payment. _____
initial

6. I, being the parent or legal guardian of the above named child, consent and agree that he/she may attend Kids' Place school age child care program sponsored by Freedom Hill Community Church. I hereby release Freedom Hill Community Church, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program. _____
initial

7. I understand that, while the above named child participates in any program activities, he/she is responsible to abide by the rules set forth by Kids' Place, the sponsoring organization (Freedom Hill Community Church), its leaders and supervisory personnel. Any serious infraction of rules by the above named child can result in dismissal from the program. In the event that my child is dismissed from the program, I also agree to forfeit any possible refund. _____
initial

8. I give Kids' Place permission to take photos/video of my child for the Kids' Place end-of-the-year slide/video presentation and DVD, for Kids' Place promotional purposes (our newsletter, flyer and brochure) and to be posted on the Kids' Place website, and the Kids' Place Facebook and Instagram page. _____
initial

I have read and agree to the above statements.

Signature of Parent or Guardian

Date

Signature of Kids' Place Director

Date